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|       | <br> |   |  | ٠. |  |       |
|-------|------|---|--|----|--|-------|
|       | -    | - |  |    |  |       |
|       |      |   |  |    |  | J. 1. |
| Vijes | <br> |   |  |    |  |       |

## UCC FINANCING STATEMENT

**FOLLOW INSTRUCTIONS** 

A. NAME & PHONE OF CONTACT AT FILER (optional)
Corporation Service Company 800-858-5294 MAIL CONTACT AT FILER (optional) FilingDept@cscinfo.com C. SEND ACKNOWLEDGEMENT TO: (Name and Address) **Corporation Service Company** 801 Adlai Stevenson Dr Springfield, IL 62703 USA

Michigan Department of State - Uniform Commercial Code

Filing Number: 20200110000799-1 Filing Date and Time: 01/10/2020 04:14 PM Total Number of Pages: 2

(This document was filed electronically)

| DEBTOR'S NAME: Provide only one Debtor name (1a or 1b)     Debtor's name will not fit in line 1b, leave all of item 1 blank, or     UCC1Ad)  | THE A  | ABOVE SPACE                               | IS FOR FILING OFFICE  | USE ONLY             |  |
|--|--|---|---|----------------------|--|
|  | check here and provide the Individual Debtor   | obreviate any part<br>information in item | of the Debtor's name); if any<br>n 10 of the Financing Statem | part of the Indivent |  |
| BALDWIN PATTIE DRUG LLC  | The same of the sa |   |   |                      |  |
| 1b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME  |   |   |                      |  |
| 1 2001   | PINOT PERSONAL NAME  | ADDIT                                     | ADDITIONAL NAME(S)/INITIAL(S)                                 |                      |  |
| 10. MAILING ADDRESS<br>868 MICHIGAN AVE  | CITY BALDWIN   | STATE                                     | 4000  | COUNTRY              |  |
| . DEBTOR'S NAME: Provide only one Debtor name (2a or 2b)   | (lise every full name) de  |   | ]   | USA                  |  |
|  | neck here and provide the Individual Debtor in   | nformation in item                        | 10 of the Financing Stateme                                   | nt Addendum (F       |  |
| 28. ORGANIZATION'S NAME PATTIE DRUG OF BALDWIN   |  | nformation in item                        | 10 of the Financing Stateme                                   | nt Addendum (F       |  |
| 24. ORGANIZATION'S NAME PATTIE DRUG OF BALDWIN  2b. INDIVIDUAL'S SURNAME  2. MAILING ADDRESS   | and provide the Individual Debtor in   |   | 10 of the Financing Stateme                                   | ant Addendum (F      |  |
| 26. ORGANIZATION'S NAME PATTIE DRUG OF BALDWIN  2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS 68 MICHIGAN AVE  | FIRST PERSONAL NAME  CITY  BAI DWIN  | ADDITI                                    | ONAL NAME(S)/INITIAL(S)                                       | SUFFIX COUNTRY       |  |
| 2a. ORGANIZATION'S NAME PATTIE DRUG OF BALDWIN  2b. INDIVIDUAL'S SURNAME  2b. MAILING ADDRESS 68 MICHIGAN AVE  SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGN | FIRST PERSONAL NAME  CITY  BAI DWIN  | ADDITI                                    | ONAL NAME(S)/INITIAL(S)                                       | SUFFIX               |  |
| PATTIE DRUG OF BALDWIN  2b. INDIVIDUAL'S SURNAME  2b. MAILING ADDRESS  68 MICHIGAN AVE  SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIG | FIRST PERSONAL NAME  CITY  BAI DWIN  | ADDITI                                    | ONAL NAME(S)/INITIAL(S)                                       | SUFFIX COUNTRY       |  |
| 2a. ORGANIZATION'S NAME PATTIE DRUG OF BALDWIN  2b. INDIVIDUAL'S SURNAME  2b. MAILING ADDRESS 68 MICHIGAN AVE  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE SPG Advance LLC   | FIRST PERSONAL NAME  CITY  BAI DWIN  | ADDITION STATE MI                         | ONAL NAME(S)/INITIAL(S)  POSTAL CODE 49304 a or 3b)           | SUFFIX COUNTRY USA   |  |
| 2a. ORGANIZATION'S NAME PATTIE DRUG OF BALDWIN  2b. INDIVIDUAL'S SURNAME  2b. MAILING ADDRESS 68 MICHIGAN AVE  SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGN | FIRST PERSONAL NAME  CITY  BALDWIN  GNOR SECURED PARTY): Provide only one Secu   | ADDITION STATE MI                         | ONAL NAME(S)/INITIAL(S)                                       | SUFFIX COUNTRY       |  |

Receivables- All Assets now owned or hereafter acquired and wherever located, including but not limited to, the following subcategories of assets: a. Accounts, including but not limited to, credit card receivables; b. Chattel Paper; c. Inventory; d. Equipment; e. Instruments, including but not limited to, Promissory Notes; f. Investment Property; g. Documents; h. Deposit Accounts: I Letter of Credit Rights; j. General Intangibles; k. Supporting Obligations; and i. Letter of Credit Rights; j. General Intangibles; k. Supporting Obligations; and i. Proceeds and Products of the foregoing. NOTICE PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED NOT TO FURTHER ENCUMBER THE COLLATERAL DESCRIBED HEREIN. THE FURTHER ENCUMBERING OF WHICH MAY CONSTITUTE THE TORTIOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHT BY SUCH ENCUMBRANCES IN THE EVENT THAT ANY ENTITY IS

GRANTED A SECURITY INTEREST IN DEBTOR'S ACCOUNTS, CHATTEL PAPER OR GENERAL INTANGIBLES CONTRARY TO THE ABOVE, THE SECURED PARTY ASSERTS A CLAIM TO ANY PROCEEDS THEREOF RECEIVED BY SUCH ENTITY.

| 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)   | being administered by a Down                  |
|--|---|
| 7. ALTERNATIVE DESIGNATION (if applicable).  Critick only if applicable and check only one box:  Manufactured-Home Transaction  A Debtor is a Transmitting Utility | 6b. Check only if applicable and study        |
| 8. OPTIONAL FILER REFERENCE DATA: [175667650] Consignee/Consignor   Sel  | ler/Buyer I Bailee/Bailor I Licensee/Licensor |
|  |   |

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| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS  |  | Michigan Dep         | artment of State - Uniform      | n Commercial Cod      |
|--|--|----------------------|---------------------------------|-----------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)   |  | Filir                | ng Number: 201910290            | 000261-2              |
| Corporation Service Company 800-858-5294   |  |                      | Date and Time: 10/29/201        |                       |
| B. E-MAIL CONTACT AT FILER (optional)  |  | Ū                    | Total Number of Pages           |                       |
| FilingDept@cscinfo.com   |  | (This                | document was filed elect        |                       |
| C. SEND ACKNOWLEDGEMENT TO: (Name and Address)   |  |                      |                                 |                       |
| Corporation Service Company<br>801 Adlai Stevenson Dr  |  |                      |                                 |                       |
| Springfield, IL 62703 USA  |  |                      |                                 | -                     |
| 1  |  |                      |                                 |                       |
| 1. DEBTOR'S NAME: Provide and  | THE  | ABOVE SPACE          | IS FOR FILING OFFICE            | USE ONLY              |
| 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, fu name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide 1a. ORGANIZATION'S NAME   |  |                      |                                 |                       |
| 18. ORGANIZATION'S NAME<br>BALDWIN PATTIE DRUG STORE, LLC  | to ano markingar Deptor Insomitation in Re | em 10 of the Financ  | ing Statement Addendum (Fo      | orm UCC1Ad)           |
| OR 1b. INDIVIDUAL'S SURNAME  |  |                      |                                 |                       |
|  | FIRST PERSONAL NAME                        | ADDI                 | IONAL NAME(S)/(NITIAL(S)        | SUFFIX                |
| 1c. MAILING ADDRESS<br>868 N MICHIGAN AVE  | CITY                                       | STATI                | POSTAL CODE                     |                       |
|  | BALDWIN                                    | MI                   | 40304                           | COUNTRY<br>USA        |
| <ol> <li>DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full<br/>name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide<br/>2a, ORGANIZATION'S NAME</li> </ol>  | name; do not omit, modify, or abbrevia     | te any part of the D | ebtor's name); if any part of t | he Individual Debtors |
| PATTIE DRUG OF BALDWIN   | The managed bedter information in ite      | m 10 of the Financi  | ng Statement Addendum (Fo       | m UCC1Ad)             |
| OR 25. INDIVIDUAL'S SURNAME  |  |                      |                                 |                       |
|  | FIRST PERSONAL NAME                        | ADDIT                | ONAL NAME(S)/INITIAL(S)         | SUFFIX                |
| 20. MAILING ADDRESS<br>868 N MICHIGAN AVE  | CITY                                       | STATE                | POSTAL CODE                     | COLINTRY              |
|  | BALDWIN                                    | 18/61                | 40304                           | USA                   |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU<br>38. ORGANIZATION'S NAME   | RED PARTY): Provide only one Secure        | ed Party name (3a    | or 3b)                          |                       |
| CORPORATION SERVICE COMPANY, AS REPRESE  3b. INDIVIDUAL'S SURNAME  |  |                      |                                 |                       |
| THE STATE OF THE S | FIRST PERSONAL NAME                        | ADDITI               | ONAL NAME(S)/INITIAL(S)         | SUFFIX                |
| 30. MAILING ADDRESS  | CITY                                       |                      |                                 |                       |
| P.O. Box 2576 / uccsprep@cscinfo.com   | Springfield                                | STATE                | POSTAL CODE<br>62708            | COUNTRY               |
| COLLATERAL: This financing statement covers the following collateral:  | <u></u>                                    |                      |                                 |                       |
| Future Receipts as defined in the Payment Rights Push, check, ACH or other electronic transfer, credit caent in the ordinary course of business.   | urchase and Sale Agreeme                   | ent which inc        | ludes all payments              | made by ca            |
| ent in the ordinary course of business.  | id, debit card, bank card, (               | charge card          | or other form of mo             | netary paym           |
|  |  |                      |                                 |                       |
|  |  |                      |                                 |                       |
|  |  |                      |                                 |                       |
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|  |  |                      |                                 |                       |
|  |  |                      |                                 |                       |
|  |  |                      |                                 |                       |
| Check only if applicable and check only one box: Collateral is held in a Trust (see  | IIOOAA A                                   |                      |                                 |                       |
| Check billy it applicable and check only one boy-  |  |                      | a Decedent's Personal Repre     |                       |
| Public-Finance Transaction Manufactured-Home Transaction A   | Debtor is a Transmitting Utility           | 6b. Check only if a  | pplicable and check only one    | box:                  |
| ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor   | nsignee/Consignor                          |                      |                                 |                       |
| OPTIONAL FILER REFERENCE DATA: [172030528]   |  | Bailee/B             | allor Licensee/Licen            | sor                   |

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